

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004886

FILED JAN 22 1963 354

6200

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

3

VS 300  
Rev. 4/59

DATE AMENDED

1 1070  
2 1070

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4 1  
5 2  
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7 1  
8 2

9 157X

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11

12 90-0  
13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Texas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Morris twp.</b>		Length of stay in 1b <b>2 months</b>	c. CITY OR TOWN <b>Cabool</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7 1/2 Mi. NE Cabool</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Cabool, Missouri</b>
3. NAME OF DECEASED (Type or print) First <b>Goldie</b> Middle <b>Anna</b> Last <b>Bennett</b>		4. DATE OF DEATH Month <b>1</b> Day <b>12</b> Year <b>1963</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/28/1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>cafe employee</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>58</b>
11. BIRTHPLACE (City and state or country) <b>Chester, Nebraska</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Rinold Orth</b>		13b. MOTHER'S MAIDEN NAME <b>Mary</b>	14. NAME OF HUSBAND OR WIFE <b>Roy Bennett (dec.)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>no</b>		17. INFORMANT <b>Mina Johnson, Cabool, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Adenocarcinoma of pancreas</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART III: If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III: If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>12:15</b> a.m. <b>12:15</b> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Cabool, Missouri</b>	
21. I attended the deceased from <b>Oct 6, 1962</b> to <b>Jan 12, 1963</b> and last saw her alive on <b>Jan 9, 1963</b> . Death occurred at <b>12:15</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>1/15/63</b>	
22a. SIGNATURE (Degree or title) <b>Anna A. Aasels M.O.</b>		22b. ADDRESS <b>Cabool, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-16-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cabool Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cabool, Missouri</b>
24. FUNERAL DIRECTOR <b>Elliott-Gentry Funeral Home, Cabool, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-16-63</b>	
		26. REGISTRAR'S SIGNATURE <b>Gaynell Cunningham</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

JAN 25 1963

FEB 14 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James L. Rentry

Licensed Embalmer No. 4718

P. O. Address Calver, Md.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.